•								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								09/990654					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN			
TOTAL CLAIMS			32				Γ	RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		9/	ASIC FEE	370.00	OR	Basic Fee	740.00	
TOTAL CHARGEABLE CLAIMS			32 minus 20=		. 12		Γ	X\$ 9=		OR	X\$18=	216	
INDEPENDENT CLAIMS			4 minus 3 =				T	X42=	<del> </del>	OR	X84=	24	
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	<b></b> -	ОЯ	TOTAL	1040	
CLAIMS AS AMENDED - PART II								OTHER THAN					
8	<del>사</del> (		(Colu		(Column 3)	olumn 3) SMALI		ENTITY	OR	SMALL	ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 43	Minus	**	32	- //	. [	X\$ 9=		OR	X\$18=	198.0	
AME	Independent	. 9	Minus		4	• 5		X42=		OR	X84-	43).00	
匚	FIRST PRESE	NTATION OF MI	ON OF MULTIPLE DEPENDENT			CLAIM		140=		1	+280=	7.2.	
							Ľ	TOTAL		OR		1000	
5.	22- DC						AD	DIT. FEE		JOR	TOTAL ADDIT, FEE	67800	
4	00 VO	(Column 1) CLAIMS	}	(Colu		(Column 3)			ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAIO	OUSLY	PRESENT EXTRA	1	RATE	TIONAL FEE		RATE	TIONAL	
MON	Total	· 23	Minus	L	13	<b>=</b> ()	,	X\$ 9=		OR	X\$18=	7	
AME	Independent	<u> </u>	Minus	***	9	- 0		X42=		OR	X84=	· X	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							١,	140=		OR	+280=		
							L	TOTAL			TOTAL	<del>/</del>	
(Column 1) (Column 2) (Column 3)								DIT. FEE (		,	ADDIT. FEEI		
5		CLAIMS		HIGH	EST			_	ADDI-	1		ADDi-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	F	ATE	TIONAL		RATE	TIONAL FEE	
MON	Total	•	Minus	**		:	[·	<b>(\$</b> 9=		OR	X\$18=	1.00	
ME	Independent	•	Minus	***		=	1	(42=		OR	X84=		
-	EIDET DDECE	NITATION OF M	(I TID) E DEE	IDI E DEDENDENT CLAIM								,	

FORM PTO-873 (Flex. 8/01)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

+280=

+140=

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\* TOTAL ADDIT. FEE

OR ADDIT. FEE

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.